Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** CAMACHO AZUAJE **First Name:** SIMON in accordance with *(please check only one)*:

- (●) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**
- ( ) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*

☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 10/05/2025

Medical Examiner's Signature A. Bilotta DO

Medical Examiner's Telephone Number: (630) 986-7501x2

Date Certificate Signed: 10/05/2023

Medical Examiner's Name *(please print or type)*: ANTHONY BILOTTA

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
(●) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: 036073808

Issuing State: IL

National Registry Number: 6305202909

Driver's Signature

Driver's License Number: C522781962980

Issuing State/Province: FL

Driver's Address

Street Address: 9561 FONTAINEBLEAU BLVD 209 City: MIAMI State/Province: FL Zip Code: 33172

CLP/CDL Applicant/Holder: (●) Yes ( ) No

FMCSA
Federal Motor Carrier Safety Administration

Dr. Anthony Bilotta
(Doctor Of Osteopathy)

Email Website

Practice Business Name
Willowbrook Medical Center

Address
535 Plainfield Rd. Suite C Willowbrook, IL 60527

Hours of Operation
-

National Registry Number
6305202909

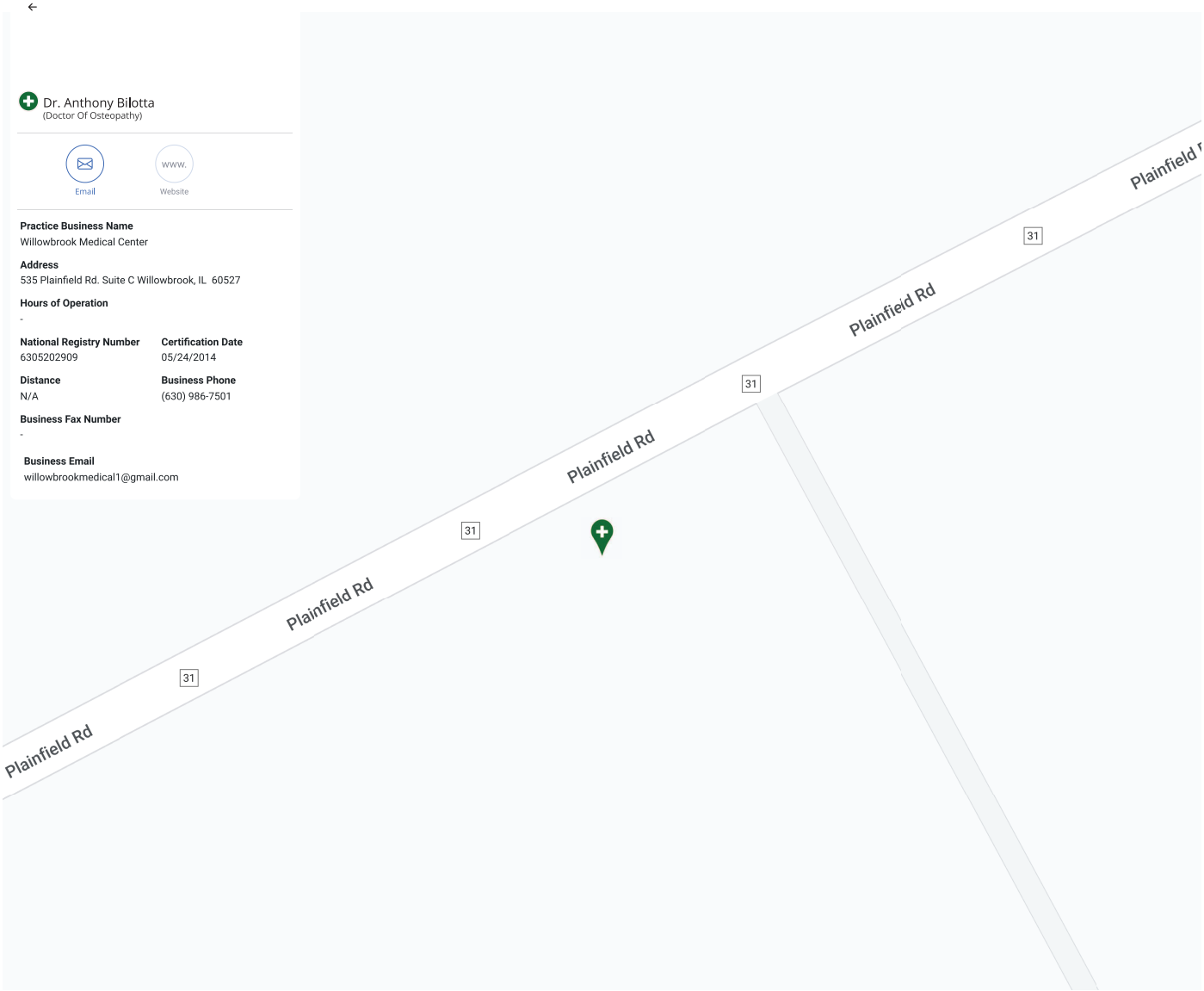
Certification Date
05/24/2014

Distance
N/A

Business Phone
(630) 986-7501

Business Fax Number
-

Business Email
willowbrookmedical1@gmail.com



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